Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : HTG UNITED, LLC Account Number : I20190000094 : (305)860-8188 Phone

Fax Number

: (305)639-8427

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: giendab@htgf.com

FLORIDA LIMITED LIABILITY CO. HTG Brazos Developer, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability	Company is:		
HTG Brazos Develop	er, LLC		
(Must conat	in the words "Limited	d Liability Comp	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the Lit	nited Liability Company is:
I the thatting and east and affect ad	mess of the bitterbay	VIIICO OZ ILLO DI	
<u>Princips</u>	Office Address:		Mailing Address:
3225 Aviation Avenu	e, 6th Floor		3225 Aviation Avenue, 6th Floor
Coconut Grove FL 33	133		Coconut Grove FL 33133
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its ov	vn Registered Ap	Agent's Signature: gent. You must designate an individual or
The name and the Florida street a			
	Matthew Rieger, P.	4 .	
	Haddew Receipts	Name	
	3225 Aviation Ave	nue, 6th Floor	
	Florida street addr		OT acceptable)
	Miami	FL	33133
	City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature REQUIRED)

(CONTINUED)

HVISION OF CORPORATION

Title:		Name and Address:
	thorized Member	
MGR" = Man	aget	,
MGR _		Matthew Rieger
142010		3223 Aviation Avenue, 6th Floor
		Coconut Grove, FL 33133
MGR		Randy Rieger 3225 Aviation Avenue, 6th Floor
		Coconut Grove, FL, 33133
		A definite strate, and
		
F.V: Effective	nt if necessary) date, if other than the date, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
EV: Effective cotive date is ling in the date insert ment's effective.	date, if other than the date that the date must be	specific and cannot be more than five business days prior to or 90 it meet the applicable statutory filing requirements, this date will no
E V: Effective ective date is lift filling.) the date insert ment's effective E VI: Other pr	date, if other than the da isted, the date must be ed in this block does no e date on the Departme	specific and cannot be more than five business days prior to or 90 it meet the applicable statutory filing requirements, this date will no
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)